

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">0782/58</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">02/14/01</div>	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
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TOTAL IND.	2								
TOTAL DEP.	17								
TOTAL CLAIMS	19								